

MOUNTAIN-PACIFIC QUALITY HEALTH

Request for Drug Prior Authorization

Submitter: ☐ Physician ☐ Pharmacy

Please Type or Print

Patient Name (Last) (First) (Middle Initial)			Patient Medicaid ID Number		Date of Birth		
					Month	Day	Year
Physician NPI		Physician Phone		Dates Covered by this Request			
Physician Name		Physician Phone		From		To	
				Month	Day	Year	Month
				Day	Year	Month	Day
Physician Street Address		Physician City		State		ZIP	
Pharmacy NPI		Pharmacy Phone No.		Mail, fax or phone completed form to: Drug Prior Authorization Unit Mountain-Pacific Quality Health 3404 Cooney Drive Helena, MT 59602 (406) 443-6002 or 1-800-395-7961 (Phone) (406) 513-1928 or 1-800-294-1350 (Fax)			
Pharmacy Name		Pharmacy Street Address					
Pharmacy City		State					
Drug to be Authorized							
Drug Name				Strength		Directions	
Diagnosis or Condition Treated by this Drug							

LEAVE BLANK – PA UNIT USE ONLY					
Reason for Denial of Drug Prior Authorization					
<p>IMPORTANT NOTE: In evaluating requests for prior authorization, the consultant will consider the drug from the standpoint of published criteria only. If the approval of the request is granted, this does not indicate that the recipient continues to be eligible for Medicaid. It is the responsibility of the provider of service to establish by inspection of the recipient's Medicaid eligibility card and if necessary, by contact with Xerox State Healthcare, LLC, to determine if the recipient continues to be eligible for Medicaid.</p> <p>Current recipient eligibility may be verified by calling Xerox at (800) 624-3958 or (406) 442-1837.</p>					
Approval or Denial Status	Denial Code	Therapeutic Class	Auth ID	Date of Request	Prior Authorization Number